

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-046776

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No. 1002

Registrar's No.

6221

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR TOWN Kansas City

Length of stay in 1b  
3 yrs

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 4635 Madison

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)  
a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS 4635 Madison

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Emma

Louise

Bonifer

4. DATE OF DEATH

Month

Day

Year

12

7

1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-31-1886

## 9. AGE (last birthday)

75

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Home

11. BIRTHPLACE (City and state or country)  
Spencer Co. Indiana

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Ludwig Bosler

## 13b. MOTHER'S MAIDEN NAME

Mary Kreyling

## 14. NAME OF HUSBAND OR WIFE

Joseph Bonifer

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No None

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Edward Bonifer

## Address

4635 Madison K.C.Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Coronary Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

Sweden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-27-62 to 12-7-62 and last saw him alive on 11-3-62  
Death occurred at 5:00 P.m. on the date stated above, and to the best of my knowledge, from the cause stated.

## 22a. SIGNATURE

(Degree or title)

Martin J. Mueller

## 22b. ADDRESS

M.D.

6400 Prospect, K.C.Mo.

## 22c. DATE SIGNED

12-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

## 23b. DATE

12-9-1962

## 23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

## 23d. LOCATION (City, town, or county)

Huntingburg,

## (State)

Indiana

## 24. FUNERAL DIRECTOR

Melody-McGilley-Eylar

## ADDRESS

20 W. Linwood

## 25. DATE RECD. BY LOCAL REG.

12-8-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

K.C.Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Martin Mueller  
6400 Prospect  
afternoon Sat.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Hayden F. Dieckman*

Licensed Embalmer No. 5120

P. O. Address K. C. 11, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.